



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

AMENDED

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

3. This Statement covers From: 01/01/08 To 12/31/08

1. Committee I.D. Number

00136063

4. Committee's Mailing Address

**30500 Van Dyke Ave., Suite 207
Warren, MI 48093**

2. Committee Name

Local 1250 People Fund

Area Code and Phone (586) 574-1360

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

**Pamela Roy
31725 Wellston Dr.
Warren, MI 48093**

Area Code and Phone (586) 274-3444

6. Treasurer's Business Address

**AFSCME Local 1250
30500 Van Dyke Ave., Suite 207
Warren, MI 48093**

Area Code and Phone (586) 574-1360

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8d. ☒ ANNUAL STATEMENT
(2,008.00 Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8h. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

By checking this item, I/we certify that
the committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Pamela Roy

Designated Record Keeper

Type or Print Name

Signature

Date

02/20/09



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number **00136063**

AMENDED

2. Committee Name **Local 1250 People Fund**

**SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ 1,737.50	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 1,737.50	(18.) \$ _____
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ 1,737.50	(20.) \$ 1,737.50
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ _____	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ 1,650.00	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ _____	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ 1,650.00	(22.) \$ _____
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 1,650.00	(24.) \$ 1,650.00
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ _____	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 4,887.99	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + 1,737.50	
15. SUBTOTAL Add lines 13 and 14	(15.) = 6,625.49	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - 1,650.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 4,975.49	

*If your ending balance is negative, please recheck your math.



ITEMIZED CONTRIBUTIONS - PAYROLL

SCHEDULE 2A - 2

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 00136063

AMENDED

2. Committee Name Local 1250 People Fund

USE THIS FORM ONLY FOR CONTRIBUTIONS THAT ARE PAYROLL DEDUCTIONS FROM INDIVIDUALS - ALL CONTRIBUTORS HAVE THE SAME EMPLOYER AND BUSINESS ADDRESS

3. NAME OF EMPLOYER & ADDRESS: City of Warren, One City Square, Suite 410, Warren, MI 48093

4. Please enter contributor's name and address:	7. Amount	8. Cumulative for Calendar year for Each Contributor (Through date of receipt)
Name & Address: Contribution # 1 P.T. Bartolomeo 32029 Williamsburg St. Clair Shores, MI 48082 5. Date of Receipt 12/31/08 6. If over \$100.00 cumulative, please provide occupation:	\$20.25	\$20.25
Contribution # 2 Name & Address: 5. Date of Receipt 6. If over \$100.00 cumulative, please provide occupation:		\$
Contribution # 3 Name & Address: 5. Date of Receipt 6. If over \$100.00 cumulative, please provide occupation:		\$
Contribution # 4 Name & Address: 5. Date of Receipt 6. If over \$100.00 cumulative, please provide occupation:		\$
Contribution # 5 Name & Address: 5. Date of Receipt 6. If over \$100.00 cumulative, please provide occupation:		\$
Contribution # 6 Name & Address: 5. Date of Receipt 6. If over \$100.00 cumulative, please provide occupation:		\$
Contribution # 7 Name & Address: 5. Date of Receipt 6. If over \$100.00 cumulative, please provide occupation:		\$
Contribution # 8 Name & Address: 5. Date of Receipt 6. If over \$100.00 cumulative, please provide occupation:		\$
Page Subtotal		
Grand Total of All Schedules 2A-2 (Complete on last page of Schedule)		

Enter this total on
line 3a of Summary
Page

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